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CONFIRMATION NO. 3041

SERIAL NUMBER 10/777,792	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 424	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 15270J-004766US
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## APPLICANTS

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KAB  
7/31/06

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/723,544 11/28/2000 ABN which is a CON of 09/580,018 05/26/2000 PAT 6,761,888 which is a CIP of 09/322,289 05/28/1999  
which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523  
which claims benefit of 60/080,970 04/07/1998

KAB  
7/31/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Kim Ballard</u> Initials <u>KAB</u>				

## ADDRESS

20350

## TITLE

Prevention and treatment of amyloidogenic disease

FILING FEE RECEIVED 2126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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